

# Montana Medicaid - Fee Schedule

## Private Duty Nursing

January 1, 2006

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

# **Montana Medicaid - Fee Schedule** **Private Duty Nursing**

<b>Proc</b>	<b>Modifier</b>	<b>Description</b>	<b>Effective</b>	<b>Method</b>	<b>Fee</b>
T1002		RN SERVICES UP TO 15 MINUTES	8/1/2005	FEE SCHED	\$5.66
T1003		LPN/LVN SERVICES UP TO 15MIN	8/1/2005	FEE SCHED	\$5.56
99601		HOME INFUSION/VISIT 2 HRS	8/1/2005	FEE SCHED	\$45.26
99602		HOME INFUSION EACH ADDTL HR	8/1/2005	FEE SCHED	\$22.28